

COMPLIANCE CHECKLIST**▷ Mobile Diagnostic/Treatment Units**

The following Checklist is for plan review of clinics and hospital outpatient facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Hospital and Health Care Facilities, 2001 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Clinic Licensure Regulations 105 CMR 140.000. Applicants must verify project compliance with all the requirements of the Guidelines, Licensure Regulations & Policies when filling out this Checklist, and must include the DPH Affidavit when submitting project documents for self-certification or abbreviated review.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code and applicable related standards contained in the appendices of the Code.
- 708 CMR, the State Building Code.
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board.
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following codes, unless otherwise directed. If an entire Checklist section is affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) next to the section title. If more than one space serves a given required function (e.g. patient room or exam room), two codes separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met.

☒ = Check this box under selected checklist section titles or individual requirements for services that are not included in the project.

S = Function shared between mobile service & host facility

E = Functional space or area is existing and not affected by the construction project; this category does not apply if the existing space or area will serve a new or relocated service or if the facility is currently not licensed & applying for licensure.

W = Waiver requested for Guidelines, Regulation or Policy requirement that is not met (for each waiver request, complete separate waiver form & list the requirement ref. # on the affidavit).

3. Mechanical, plumbing and electrical requirements are only partially mentioned in this checklist.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Items in *italic*, if included, refer to selected recommendations of the Appendix of the Guidelines, adopted by policy.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.

Mobile Service Licensed Name:

Dates:

.....

Initial:

Mobile Service Licensed Address:

Revisions:

.....

Host Facility Name:

DON Identification: (if applicable)

.....

Host Facility Address:

.....

Project Reference:

Building/Floor Location:

.....

.....

ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**OUTPATIENT SUPPORT AREAS

Note: Compliance Checklist OP1 must be completed and attached to this Checklist.

140.209(A)
(3)

- ☐ Space shared between host facility & mobile service
☐ Contract or lease agreement for shared space (attach copy)
 ☐ or ☐ Mobile service is licensed under host facility's license

12.1.D1

SITE CONDITIONS

- ☐ Convenient road access for mobile unit
☐ max. slope 6%
☐ Level concrete pad
☐ designed for applicable structural loads
☐ Mobile unit secured with pad anchors or wheel blockings
☐ Mobile unit protected by concrete-filled steel pipe bollards
☐ Diesel exhaust min. 25 feet from fresh air intakes for host facility

Utility hookups:

- ☐ power
☐ emergency power
☐ telephone
☐ water
☐ check if service not included in project

140.209(A)

ACCESS TO MOBILE UNIT

- ☐ Enclosed passageway between host facility & mobile unit
☐ protection from inclement weather & temperature extremes
☐ wheelchair & stretcher accessible
☐ passageway minimum width
 > Free-Standing > Hospital
 Outpatient Facility Outpatient Facility
☐ 5'-0" ☐ 8'-0"
☐ Route of access to mobile unit in host facility is through outpatient areas, radiology or emergency department

- ☐ Heating
☐ Air conditioning
☐ Lighting (Policy)

7.10.C

COMPUTERIZED TOMOGRAPHY (CT) SCANNING

- ☐ check if service not included in project

7.10.C1
Policy

- ☐ CT scanning room sized to accommodate equipment
☐ min. 2'-8" clear on the sides & end of imaging stretcher

- ☐ Handwashing station
☐ Vent. min. 6 air ch./hr

7.10.C2

- ☐ Control room for computer & other controls (fully enclosed)
☐ view window for full view of patient
☐ control operator has view of patient's head
☐ control room located for convenient film processing

- ☐ Vent. min. 4 air ch./hr

7.10.C3

7.10.C4

- ☐ Patient toilet
☐ located convenient to CT scanning room

- ☐ Min. 10 air ch./hr (exhaust)
☐ Handwashing station

ARCHITECTURAL REQUIREMENTS

- 7.10.E MAGNETIC RESONANCE IMAGING (MRI)
☐ check if service not included in project
- 7.10.E1 ___ MRI procedure room
 ___ sized to accommodate functional program
 ___ min. 2'-8" clear on the sides & end of imaging
 stretcher
- 7.10.E2 ___ Control room (fully enclosed)
 ___ min. 100 sf
 ___ full view of MRI
- 7.10.E3 ___ Computer room
 ___ sized as required for equipment
 ___ min. 150 sf
- A7.10.E4 Cryogen storage
☐ check if service not included in project
 ___ min 50 sf area
- 7.10.E9 ___ Inpatient holding area
 ___ convenient to MRI procedure room
 ___ under staff control
- Policy ___ privacy curtains
 ___ staff access clearance on each side of stretchers

- 7.11.F ___ POSITRON EMISSION TOMOGRAPHY (PET)
☐ check if service not included in project
- A7.11.F ___ Scanner room
 ___ min. 300 sf
- Cyclotron room
☐ check if service not included in project
 ___ min 225 sf
 ___ space for safe long term cool-down storage
 ___ min. 16 sf
- ___ Radioactive lab
 ___ min. 250 sf
- ___ Non-radioactive labs
 ___ min. 250 sf
- ___ Blood lab
 ___ min. 80 sf
- A7.11.F ___ Patient holding area with space for 2 stretchers
 ___ under staff control
 ___ privacy curtains
 ___ staff access clearance on each side of stretchers
- Policy ___ Gas storage area
 ___ adequate space to accommodate bottles of gas

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ___ Vent. min. 6 air ch./hr
 ___ Venting of cryogen exhaust
 ___ Handwashing station convenient to
 MRI room
 ___ Supplemental air conditioning
- ___ Vent. min. 10 air ch./hr (exhaust)
- ___ piped or portable OX & VAC
 (Policy)
- ___ Handwashing station
 ___ Vent. min. 6 air ch./hr
 ___ Vent. min. 6 air ch./hr
- ___ Vent. min. 10 air ch./hr
 ___ negative pressure
 ___ air directly exhausted to
 outdoors
- ___ Vent. min. 6 air ch./hr
 ___ Vent. min. 6 air ch./hr
- ___ piped or portable OX & VAC
 (Policy)
- ___ Gas piping to cyclotron or lab
 ___ Ventilation adequate for
 occupancy

ARCHITECTURAL REQUIREMENTS7.10.G IMAGING SUPPORT SPACES

- 7.10.G1 ☐ Patient waiting area
- ☐ out of traffic and under staff control
 - ☐ seating capacity, as per functional program
 - ☐ separate areas for inpatients & outpatients
 - ☐ with visual separation
- 7.10.G2 ☐ Control desk & reception area
- 7.10.G3 ☐ Inpatient holding area
- ☐ convenient to imaging procedure rooms
 - ☐ under staff control
- Policy ☐ privacy curtains
- ☐ staff access clearance on each side of stretchers
- 7.10.G4 ☐ Patient toilet rooms
- ☐ convenient to waiting rooms
- 7.10.G5 ☐ Patient dressing rooms
- ☐ convenient to waiting and X-ray rooms
 - ☐ seat or bench and mirror
 - ☐ provisions for hanging clothes
 - ☐ provisions for secure storage of valuables
- 7.10.G6 ☐ Staff facilities
- ☐ toilet rooms
 - ☐ staff lounge
 - ☐ lockers
- | | | |
|--|-----------|---|
| <input type="checkbox"/> 3 or more | or | <input type="checkbox"/> less than 3 |
| <input type="checkbox"/> procedure rooms | | <input type="checkbox"/> procedure rooms |
| <input type="checkbox"/> staff facilities within | | <input type="checkbox"/> staff facilities |
| <input type="checkbox"/> imaging suite | | <input type="checkbox"/> convenient to |
| | | <input type="checkbox"/> imaging suite |
- 7.10.G11 ☐ Clerical offices/spaces
- 7.10.G12 ☐ Consultation area
- 7.10.G16 ☐ Cleanup facilities
- ☐ storage space for equipment and supplies
- 7.10.G18 ☐ Clean storage, for clean linen and supplies
- 7.10.G19 ☐ Soiled holding
- 7.10.G20 ☐ Locked storage for medications and drugs

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ☐ Vent. min. 12 air ch./hr (exhaust)
- ☐ piped or portable OX & VAC (Policy)
- ☐ Handwashing stations
- ☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Emergency call system
- ☐ Handwashing station
- ☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Vent. min. 10 air ch./hr (exhaust)
- ☐ Service sink or floor receptor
- ☐ Handwashing facilities
- ☐ Vent. min. 10 air ch./hr (exhaust)

ARCHITECTURAL REQUIREMENTS

- 7.10.H CARDIAC CATHETERIZATION LAB (CARDIOLOGY)
☐ check if service not included in project
☐ check if used for Angiography procedures
☐ check if used for Electrophysiology Studies
- 130.955 ___ Access to the diagnostic services listed on Page 6
- 7.10.H1 ___ Appropriate sterile environment
- 130.960(B)/7.10.H2 ___ Procedure room
 ___ min. 400 sf (excluding casework)
- 7.28.B8 Ceiling:
 ___ monolithic ceiling
or
 ___ washable ceiling tiles with gasketed & clipped down joints
- 7.10.H3 ___ Control room (fully enclosed)
 ___ sized for imaging equipment
 ___ view window providing full view of patient
- 7.10.H4 ___ Electrical equipment room
- 7.10.H5 ___ Scrub facilities
 ___ adjacent to procedure room entrance
- 7.10.H6 Policy ___ Staff changing area
 ___ adjacent to procedure room
 ___ space for donning surgical attire
 ___ one-way traffic pattern directly into procedure room
- 7.10.H6 ___ Staff change areas
 ___ lockers
 ___ showers
 ___ toilets
- 7.10.H7 ___ Patient preparation, holding & recovery area
 ___ under visual staff observation
- 7.10.H8/7.7.C7 ___ Clean workroom: **or** ___ Clean supply room (for holding of clean & sterile materials from central supplies area):
 ___ counter
 ___ handwashing station
 ___ storage facilities
 ___ space to package reusable items
 ___ storage facilities
- 7.10.H9/7.7.C6 ___ Soiled workroom
 ___ work counter
 ___ space for waste & soiled linen receptacles
- 7.10.H10 ___ Housekeeping closet
 ___ storage for housekeeping supplies & equipment
- 7.10.H10 ___ Viewing room
 ___ Film file room

MECHANICAL/PLUMBING/ELECTRICAL REQUIREMENTS

- ___ Vent. min. 15 air ch./hr
 ___ positive pressure
 ___ 2 OX, 2 VAC, 2 MA
- ___ Lighting on emergency power
 ___ All receptacles & fixed equipment on emerg. power
- ___ Scrub sink(s)
 ___ knee or foot controls
or
 ___ electronic sensor controls
 ___ on emerg. power
- ___ Handwashing stations
 ___ Vent. min. 10 air ch./hr (exhaust)
- ___ 1 OX & 3 VAC
- ___ Vent. min. 4 air ch./hr
 ___ Temperature & moisture control
 ___ Duty station call signal (audio/visual)
- ___ Flushing-rim clinical sink
 ___ Handwashing station
 ___ Vent. min. 10 air ch./hr (exhaust)
- ___ Service sink or floor receptor
 ___ Vent. min. 10 air ch./hr (exhaust)

Cardiac Catheterization & EP Studies Supportive Diagnostic Services	If on-site ✓ box	If off-site indicate service location
Services for hematology & coagulation disorders	<input type="checkbox"/>	
Electrocardiography	<input type="checkbox"/>	
Diagnostic radiology	<input type="checkbox"/>	
Clinical pathology	<input type="checkbox"/>	
Nuclear medicine	<input type="checkbox"/>	
Nuclear cardiology	<input type="checkbox"/>	
Doppler echocardiography	<input type="checkbox"/>	
Pulmonary function testing	<input type="checkbox"/>	
Microbiology	<input type="checkbox"/>	
Exercise stress testing	<input type="checkbox"/>	
Cardiac pacemaker station	<input type="checkbox"/>	

GENERAL STANDARDSDetails and Finishes

- Corridor width
 - ___ min. 8'-0" for stretcher access
 - ___ min. 5'-0" for ambulatory access
 - ___ min. 44" for staff access
- ___ Two remote exits from each outp. facility suite & floor
- ___ Fixed & portable equipment recessed does not reduce required corridor width (9.2.H1.c)
- ___ Work alcoves include standing space that does not interfere with corridor width
 - ☐ check if service not included in project
- Doors:
 - ___ doors min. 3'-0" wide (9.2.H1.d)
 - ___ all doors are swing-type (Policy)
 - ___ doors do not swing into corridor (Policy)
- ___ Glazing (9.2.H1.e):
 - ___ safety glazing or no glazing under 60" AFF & within 12" of door jamb
- ___ Thresholds & expansion joints flush with floor surface
- ___ Handwashing stations located for proper use & operation (9.2.H1.g)
 - ___ min. 15" from centerline to side wall (Policy)
- Vertical clearances (9.2.H1.j):
 - ___ ceiling height min. 7'-10", except:
 - ___ 7'-8" in corridors, toilet rooms, storage rooms
 - ___ sufficient for ceiling mounted equipment
 - ___ min. clearance 6'-8" under suspended pipes/tracks
- Floors (9.2.H2.c):
 - ___ floors easily cleanable & wear-resistant
 - ___ washable flooring in rooms equipped with handwashing stations (Policy)
 - ___ non-slip floors in wet areas
 - ___ wet cleaned flooring resists detergents
 - ___ monolithic floors & integral bases in procedure rms & instrument processing room(s)
- Walls (9.2.H2.d):
 - ___ wall finishes are washable
 - ___ smooth/water-resist. finishes at plumbing fixtures

Mechanical (9.31.D)

- ___ Mech. ventilation provided per Table 7.2
- ___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes
- ___ Contaminated exhaust outlets located above roof
- ___ Ventilation openings at least 3" above floor
- ___ Central HVAC system filters provided per Table 9.1

Plumbing (9.31.E)

- Handwashing station equipment
 - ___ handwashing sink
 - ___ hot & cold water
 - ___ single lever or wrist blades faucet
 - ___ soap dispenser
 - ___ hand drying facilities
- Sink controls (9.31.E1):
 - ___ hands-free controls at all handwashing sinks
 - ___ blade handles max. 4½" long
 - ___ blade handles at scrub, clinical sinks min 6" long
- ___ Medical gas outlets provided per 9.31.E5 & Table 9.2

Electrical (9.32)

- ___ All occupied building areas shall have artificial lighting (9.32.D3)
- ___ Emergency power complies with NFPA 99, NFPA 101 & NFPA 110 (9.32.H)